

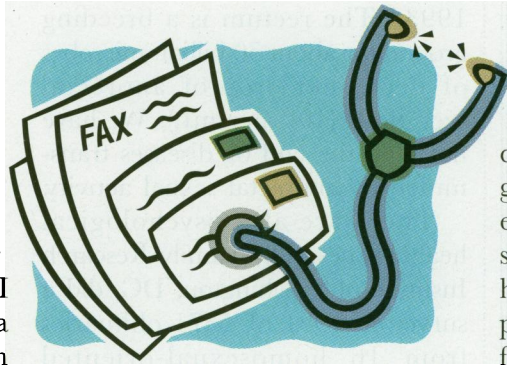
CONTACT

Accepting homosexuality

On occasion the truth is "half an hour behind" an error that is broadcast in the media. I suggest this is the situation with a current societal trend, reflected in the article "Gay patients. Context for care,"¹ which uncritically embraces active homosexuality. I suggest that uncritical acceptance of the healthiness of active homosexuality is based on flawed research and predisposed thinking. There are four errors in current thinking concerning homosexuality: the "10% myth," the "gay gene," homophobia, and the healthiness of active homosexuality.

Alfred C. Kinsey's 1948 study² stated that 10% or more of male white Americans were "more or less exclusively homosexual for at least 3 years between the ages of 16 and 35." Recent studies show a much lower figure. An article in *The Wall Street Journal* called "Homosexuals and the 10% Fallacy"³ came out of a \$1.8 million American federally funded survey published in the *Alan Guttmacher Institute Journal*. The study asked 3321 men about their condom use. Only 2.3% of the men reported any homosexual activity in the past 10 years, and just 1.1% said they had engaged in exclusively homosexual sex. The truth is catching up with the 10% myth.

In *Science* magazine, July 1994, Dr Dean Hamer⁴ stated, "Our data indicate a statistically significant correlation between the inheritance of genetic markers on chromosomal



region Xq28 and sexual orientation in a selected group of homosexual males." Dr Paul Billings, a Stanford University medical geneticist recently speaking in Edmonton, noted that complex attributes and

behaviour, such as sexuality, just do not lend themselves to plain genetic proofs, eg, failed historic endeavours to find genes for depression, criminal behaviour, or alcoholism. "There's a tendency for people to want to 'blame the genes' for various conditions," says Dr Billings, "but many complex phenomena just aren't fundamentally genetic."⁵

Third, applying the term homophobic to everyone who does not agree with homosexual activity as being healthy, wise, or right is also an error. Certainly there are some people who react in a phobic way to homosexuals. However, many, including me, do not feel any phobia. I treat homosexual persons in my practice, and I care about them. I also care about those individuals who have committed adultery or have been involved in prostitution. This does not mean that I have to agree with active homosexuality or other behaviours. Homophobic has become a derogatory label applied loosely to anyone who does not agree with active homosexual activity.

Last, because Sir Winston Churchill smoked to a ripe old age did not prove smoking was healthy for society at large. Similarly, because some homosexuals live healthy lives does not prove that their lifestyle is healthy for most who engage in it. For example, anorectal intercourse is unnatural and unhealthy. That the rectum is meant for feces and not penises is clearly demonstrated by medical research, which shows this to be a risky sexual

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practice. For example, a major textbook on gastrointestinal diseases went from one page in 1978 on its section on proctitis and sexually transmitted diseases to 20 pages in 1993.⁶ The rectum is a breeding ground for about 50 billion microbes of decay per drop of anorectal secretions (10^{12} per mL). We have not seen the end of diseases transmitted by anorectal sexual activity.

There are also psychological health issues. The Family Research Institute of Washington, DC, did a survey in 1991 of 5371 obituaries from 16 homosexual-oriented American newspapers.⁷ Victims of acquired immunodeficiency syndrome lived an average of 39 years. Homosexuals dying from other causes lived an average of 41 years and just 2% to 65 years. Lesbians' median age at death was 45 years (21% of deaths from murder, accident, and suicide). Obviously such a survey has limitations; however, the gay media's obituaries also suggest serious psychological health issues related to the gay lifestyle, because of the nature of the causes of death.

I believe that, when the truth catches up, it will be seen that the active homosexual lifestyle is unhealthy and that those who do not think of that lifestyle as being sensible or right will be seen as having wisely considered the evidence.

— *John R. McLeod, MD, CCFP*
Burnaby, BC

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Response

Dr McLeod's letter exemplifies the problem that we were trying to address in our article. Gays and lesbians are gay and lesbian by no choice of their own. They have lives to live and just want to be accepted as real people. The various judgmental and moral connotations of Dr McLeod's letter are inappropriate for any family physician to apply to patients given our current knowledge.

As to the "true" incidence of homosexuality and the precise genetic or environmental causes, the truth is that no one knows. And we wouldn't put much faith in the validity of a *Wall Street Journal* report that depends entirely on self-reporting of homosexual activity. How would you expect people to answer questions about same-sex activities given the existence of attitudes in society similar to Dr McLeod's?

— *Gary A. Gibson, MD*

— *Douglas E. Saunders*
Cambridge, Ont

Euthanasia: only assisted death

One of my closest friends died May 16, 1994, of breast cancer. She was 46 years old. As a physician, she anticipated what the